## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

TKG4360

| CLAIMS AS FILED - PART I                                                                                                        |                                                |                                           |              |                                       |                           |                  |          | SMALL              | ENTITY                 |                 | OTHE               | R THAN                                           |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------|---------------------------------------|---------------------------|------------------|----------|--------------------|------------------------|-----------------|--------------------|--------------------------------------------------|
| (Column 1) (Column 2)                                                                                                           |                                                |                                           |              |                                       |                           |                  |          | TYPE               |                        | OR              |                    | ENTITY                                           |
| TOTAL CLAIMS                                                                                                                    |                                                |                                           | 13           |                                       |                           |                  |          | RATE               | FEE                    | 7               | RATE               | FEE                                              |
| FOR                                                                                                                             |                                                |                                           | NUMBER FILED |                                       | NUMBER EXTRA              |                  |          | BASIC FI           | 385.0                  | OR              | BASIC FE           | <del> </del>                                     |
| TOTAL CHARGEABLE CLAIMS                                                                                                         |                                                |                                           | 13 minus 20= |                                       | · •                       |                  |          | X\$ 9=             | /                      | OR              | X\$18=             |                                                  |
| IN                                                                                                                              | DEPENDENT (                                    | CLAIMS                                    | 2 minus 3 =  |                                       | . 0                       |                  |          | X43=               | 1=                     | OR              | 2400               |                                                  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                |                                                |                                           |              |                                       |                           |                  |          | +145=              |                        |                 |                    | <del>                                     </del> |
| * If the difference in column 1 is less than zer                                                                                |                                                |                                           |              |                                       | ro, enter "0" in column 2 |                  |          | TOTAL              | 385                    | OR              | TOTAL              | -                                                |
| CLAIMS AS AMENDED - PART II                                                                                                     |                                                |                                           |              |                                       |                           |                  |          | TOTAL              | (38)                   | ال              |                    |                                                  |
|                                                                                                                                 | ,                                              | (Column 1)                                |              | (Colum                                | ın 2)                     | (Column 3)       |          | SMALL              | ENTITY                 | OR              | SMALL              | R THAN<br>ENTITY                                 |
| <b>AMENDMENT A</b>                                                                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY                | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE | -]              | RATE               | ADDI-<br>TIONAL<br>FEE                           |
| NON                                                                                                                             | Total                                          | *                                         | Minus        | **                                    |                           | =                |          | X\$ 9=             |                        | OR              | X\$18=             |                                                  |
| AME                                                                                                                             | Independent                                    | *                                         | Minus        | DENIDENIE                             | 0. 4.1.4                  | =                | Ī        | X43=               |                        | OR              | X86=               |                                                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                  |                                                |                                           |              |                                       |                           |                  |          | +145=              |                        | OR              | +290=              |                                                  |
|                                                                                                                                 |                                                |                                           |              |                                       | •                         |                  | L        | TOTAL              |                        | - I             | TOTAL              |                                                  |
|                                                                                                                                 | (Column 1)                                     |                                           |              |                                       |                           |                  |          |                    | <u> </u>               | JOR ,           | ADDIT. FEE         |                                                  |
| •                                                                                                                               |                                                | (Column 1)                                | <u></u>      | (Colum<br>HIGHE                       |                           | (Column 3)       | _        |                    |                        |                 |                    |                                                  |
| AMENDMENT B                                                                                                                     |                                                | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMBI<br>PREVIOL<br>PAID F            | ER<br>JSLY                | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                 | RATE.              | ADDI-<br>TIONAL<br>FEE                           |
|                                                                                                                                 | Total                                          | *                                         | Minus        | **                                    |                           |                  |          | X\$ 9≈             |                        | OR              | X\$18=             |                                                  |
| A ME                                                                                                                            | Independent                                    | <u> </u>                                  | Minus        | ***                                   |                           | =                | ı        | X43=               |                        | OR              | X86=               |                                                  |
|                                                                                                                                 | FIRST PRESE                                    | NTATION OF MU                             | LTIPLE DEF   | PENDENT                               | LAIM                      |                  | ┢        |                    |                        | <del>ſ</del> ∽ŀ |                    |                                                  |
|                                                                                                                                 | ,                                              |                                           |              |                                       |                           |                  | L        | +145=              |                        | OR              | +290=              | •                                                |
|                                                                                                                                 |                                                |                                           |              |                                       |                           |                  | A        | TOTAL<br>DDIT. FEE |                        | OR A            | TOTAL<br>DDIT. FEE |                                                  |
|                                                                                                                                 |                                                | (Column 1)                                |              | (Column                               | ı <sup>.</sup> 2) (       | (Column 3)       |          |                    |                        |                 |                    | •                                                |
| ונואו                                                                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY                  | PRESENT<br>EXTRA | ſ        | RATE               | ADDI-<br>TIONAL<br>FEE |                 | RATE               | ADDI-<br>TIONAL<br>FEE                           |
| AMENOMEN                                                                                                                        | Total                                          | *                                         | Minus        | **                                    |                           | =                |          | X\$ 9=             |                        | OR              | X\$18=             |                                                  |
|                                                                                                                                 | Independent                                    |                                           | Minus        | ***                                   |                           | =                | $\vdash$ | X43=               |                        | <b> </b>        |                    |                                                  |
| `                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |                                       |                           |                  | -        | A40=               |                        | OR              | X86=               |                                                  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                |                                           |              |                                       |                           |                  |          |                    |                        |                 | +290=              |                                                  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter "20" 101AL 101AL                               |                                                |                                           |              |                                       |                           |                  |          |                    |                        |                 |                    |                                                  |
| The "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |              |                                       |                           |                  |          |                    |                        |                 |                    |                                                  |